



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8-26-08 to 10-19-08

1. Committee I.D. Number

138332

4. Candidate Last Name

Wit

First Name

Adam

M.I.

M

2. Committee Name

CTE Adam Wit

4a. Office Sought Including District # or Community Served (If applicable)

Charter Commissioner District 18

4b. County of Residence

Macomb

5. Committee's Mailing Address

24834 Trombley
Harrison Twp. MI 48045

6. Treasurer's Name & Residential Address

Adam Wit
24834 Trombley
Harrison Twp. MI 48045

Area Code and Phone 586 246 0551

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone 586 246 0551

7. Treasurer's Business Address

38151 L'Anse Creuse
Harrison Twp. MI 48045

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone 586 466 1445

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11/4/08

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record keeper Adam Wit
Type or Print Name

Signature

Date 10-23-08

Candidate Adam Wit
Type or Print Name

Signature

Date 10-23-08



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138332
2. Committee Name CTE Adam Wit

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Robert Kogelschatz</u> <u>21631 Raymond</u> <u>Saint Clair Shores, MI 48082</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-28-08</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Andrew Kapral</u> <u>38575 Mallast</u> <u>Harrison Twp MI 48045</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-28-08</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Harold Krauseneck</u> <u>29351 Seaway Ct</u> <u>Harrison Twp MI 48045</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-28-08</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>James and Alberta Baxendale</u> <u>38190 Seaway</u> <u>Harrison Twp MI 48045</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-28-08</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

250.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138332
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Charles and Jennifer Pierce</u> <u>39223 Canterbury</u> <u>Harrison Twp MI 48045</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-28-08</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Bryan Brandenburg</u> <u>37856 Huron Pointe</u> <u>Harrison Twp MI 48045</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-28-08</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Gloria Loria</u> <u>38495 Foxcroft</u> <u>Harrison Twp MI 48045</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-28-08</u>	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Mark and Kathy Wright</u> <u>41481 Windmill</u> <u>Harrison Twp MI 48045</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-28-08</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 290.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138332
2. Committee Name CTE Adam Wit

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Terri Giampetroni</u> <u>14937 Terry</u> <u>Allenton, MI 48002</u>		4. Date of Receipt <u>8-28-08</u>	
PAC Receipt? <input type="checkbox"/> YES		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Kathleen Brown-Askar</u> <u>39894 Memory Lane</u> <u>Harrison Twp MI 48045</u>		4. Date of Receipt <u>8-28-08</u>	
PAC Receipt? <input type="checkbox"/> YES		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>William and Denise Schebil</u> <u>38000 Lakeville</u> <u>Harrison Twp MI 48045</u>		4. Date of Receipt <u>8-28-08</u>	
PAC Receipt? <input type="checkbox"/> YES		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Ludwik Wit</u> <u>3918 Butternut</u> <u>Port Huron MI 48060</u>		4. Date of Receipt <u>8-28-08</u>	
PAC Receipt? <input type="checkbox"/> YES		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

350.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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1. Committee I.D. Number 138332

2. Committee Name CTE Adam Wit

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address:

Susan Wit
37660 Lakeshore
Harrison Twp MI 48045

\$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation Occupational Therapist Employer Royal Oak Schools

[Click Here for Memo Itemization](#)

Business Address 1505 N Campbell Royal Oak MI 48067

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address

Paul and Linda Pagel
25139 Anchorage
Harrison Twp MI 48045

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address:

John Rubis
37621 Lakeshore
Harrison Twp MI 48045

\$ 75.00 \$ 75.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address

Janice Rubis
37621 Lakeshore
Harrison Twp MI 48045

\$ 75.00 \$ 75.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

700.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138332

2. Committee Name CTE Adam Wit

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 8-28-08

Name & Address: Jack and Mary Slingerland
3648 Edinborough
Rochester Hills MI 48306

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8-28-08

Name & Address: Lawrence Tomenello
38040 Huron Pointe
Harrison Twp MI 48045

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 8-28-08

Name & Address: Eric Foster
32127 Riverdale
Harrison Twp MI 48045

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 8-28-08

Name & Address: Irene Craig
11085 Sunburst
Warren MI 48089

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

250.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138332

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address:

Mary Sanders
35607 Union Lake
Clinton Twp MI 48035

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address

Kathy Teschke
36833 Theodore
Clinton Twp MI 48035

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address:

Gerald and Barbara Donovan
39186 Prentiss
Harrison Twp MI 48045

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address

Kathleen Williams
25670 Waterview
Harrison Twp MI 48045

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

300.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138332

2. Committee Name CTE Adam Wit

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 8-28-08

Name & Address:

Patricia Medlin
25640 Waterview
Harrison Twp MI 48045

\$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8-28-08

Name & Address

Al and Sharon Trzcinski
37670 Lakeville
Harrison Twp MI 48045

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 8-28-08

Name & Address:

Tony and Diane Forlini
39273 chart
Harrison Twp MI 48045

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 8-28-08

Name & Address

Paul and Linda Page
25139 Anchorage
Harrison Twp MI 48045

\$ 100.00 \$ 150.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

800.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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2. Committee Name CTE Adam Wit

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6. Amount

7. Cumulative for
Election Cycle for Each
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3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address:

William and Jan Jorgensen
37630 Lakeshore
Harrison Twp MI 48045

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address

Robert Foyt
54511 Merkel Ln
Shelby Township MI 48316

\$ 250.00 \$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation Sr. Director of Engineering Employer JHP Pharmaceutical

[Click Here for Memo Itemization](#)

Business Address 870 Parkdale Rochester MI 48307

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address:

Jane Wit
2909 Shorewood
Port Huron MI 48059

\$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation Owner Employer Villenbruch Flowers

[Click Here for Memo Itemization](#)

Business Address 1839 Lapeer Ave Port Huron MI 48060

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 8-28-08

Name & Address

John and Karen Brandenburg
37596 Huron Pointe
Harrison Twp MI 48045

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

650.00

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3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-28-08</u>	
Name & Address: <u>Terry Tarantive</u> <u>37894 Lakeville</u> <u>Harrison Twp MI 48045</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-28-08</u>	
Name & Address: <u>Charles and Claudia Drummond</u> <u>38001 Lakeville</u> <u>Harrison Twp MI 48045</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-28-08</u>	
Name & Address: <u>Alan Zielke</u> <u>39460 Memory Lane</u> <u>Harrison Twp MI 48045</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-28-08</u>	
Name & Address: <u>Kenneth Verkest</u> <u>39285 W. Blom</u> <u>Harrison Twp. MI 48045</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 300.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

3890.00

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line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138332

2. Committee Name CTE Adam Wit

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Post Office</u> Address <u>30550 Gratiot</u> <u>Roseville, MI 48066</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-26-08</u> Date	<u>\$ 69.00</u>
Expenditure #2 Name <u>Cost Plus Eastern Market Wine</u> Address <u>2448 Market St</u> <u>Detroit MI 48207</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Drinks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-26-08</u> Date	<u>\$ 50.00</u>
Expenditure #3 Name <u>Staples</u> Address <u>4303 24th Street</u> <u>Port Huron MI 48059</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Paper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-27-08</u> Date	<u>\$ 6.29</u>
Expenditure #4 Name <u>GFS Marketplace</u> Address <u>34300 Gratiot</u> <u>Clinton Twp MI 48035</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food & Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-26-08</u> Date	<u>\$ 51.27</u>
Expenditure #5 Name <u>Sam's Club</u> Address <u>31720 Gratiot</u> <u>Roseville MI 48066</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food & Ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-26-08</u> Date	<u>\$ 105.03</u>

Subtotal this page

281.59

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138332

2. Committee Name CTE Adam Wit

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Copy World</u> Address <u>1375 University Ave</u> <u>Berkeley CA 94702</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-29-08</u> Date	\$ <u>277.92</u>
Expenditure #2 Name <u>Victory Store</u> Address <u>5200 SW 30th St.</u> <u>Davenport IA 52802</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-26-08</u> Date	\$ <u>4,017.30</u>
Expenditure #3 Name <u>CTE Anthony G. Farlini</u> Address <u>39285 W. Blom</u> <u>Harrison Twp MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Meet the Candidate Event</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-8-08</u> Date	\$ <u>300.00</u>
Expenditure #4 Name <u>Sam's Club</u> Address <u>31720 Gratiot</u> <u>Roseville, MI 48066</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food and Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-26-08</u> Date	\$ <u>348.82</u>
Expenditure #5 Name <u>Sign-A-Rama</u> Address <u>36886 Harper</u> <u>Clinton Twp MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-4-08</u> Date	\$ <u>20.00</u>

Subtotal this page

1964.04

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

2245.63

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138332

2. Committee Name CTE Adam Wit

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Adam Wit 24834 Troumbley Harrison Twp MI 48045	4. Type: <u>Individual</u> 5. <u>Date Debt Was Incurred:</u> <u>7/20/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 705.18</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>705.18</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

705.18

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

705.18

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138332

2. Committee Name CTE Adam W. F

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>8-28-08</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (If any) of the place where the activity was held. <u>37660 Lakeshore</u> <u>Harrison Twp. MI 48045</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions 3890.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 3890.00

10. Total Cost of Event 624.12
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.